

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/757,435</td> </tr> <tr> <td>Filing Date</td> <td>January 15, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Tuula Hurta</td> </tr> <tr> <td>Title</td> <td>POLICY INFORMATION IN MULTIPLE PDFS</td> </tr> <tr> <td>Art Unit</td> <td>2143</td> </tr> <tr> <td>Examiner Name</td> <td>K. H. Shin</td> </tr> <tr> <td>Attorney Docket No.</td> <td>39700-789001US/NC16918US</td> </tr> </table>	Application Number	10/757,435	Filing Date	January 15, 2004	First Named Inventor	Tuula Hurta	Title	POLICY INFORMATION IN MULTIPLE PDFS	Art Unit	2143	Examiner Name	K. H. Shin	Attorney Docket No.	39700-789001US/NC16918US
Application Number	10/757,435														
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First Named Inventor	Tuula Hurta														
Title	POLICY INFORMATION IN MULTIPLE PDFS														
Art Unit	2143														
Examiner Name	K. H. Shin														
Attorney Docket No.	39700-789001US/NC16918US														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

64046

OR

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City

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Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: <u>1/26/09</u>	Signature: <u>Karen Marcus</u> (Karen Marcus)